



King County

Department of Adult and Juvenile Detention

KCCF 500 5th Ave Seattle, WA 98104

CCD 500 5th Ave Seattle, WA 98104

RJC 620 West James St. Kent, WA 98032

Youth Services 1211 E. Alder St. Seattle, WA 98122

FOR OFFICE USE ONLY

☐ KCCF ☐ CCD ☐ RJC ☐ JUV

CIU ROUTE TO _____
Staff Name

Authorization for Criminal History Reference Check

As part of the review process for all persons seeking access into the Department of Adult and Juvenile Detention (DAJD) facilities, a criminal history reference check is required. Your signature authorizes DAJD to conduct a criminal history reference check and annual reviews, if applicable. This information is kept strictly confidential within our agency.

IMPORTANT: You are required to submit a CLEAR PHOTOCOPY or SCANNED COPY of your photo ID with this application (current and valid state ID, state issued driver's license, visa, passport or U.S. Government issued ID).

Name: _____ AKA/Maiden/Prior: _____
Last First Full Middle Name

Address: _____
Street City State Apt Zip Code

Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Work Phone: () _____ - _____

Email Address: _____

Driver's License: _____ Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ Place of Birth: _____
City State Country

Gender: ☐ M ☐ F Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Company/Agency/Organization: _____ Applicant Job Title: _____
If Applicable If Applicable

Supervisor Name: _____ Supervisor Phone: () _____ - _____
If Applicable If Applicable

Access Purpose: _____

Requested Access Dates: ☐ One-Time-Only on ____/____/____ (or)
Date if Known
☐ Ongoing, starting on ____/____/____ and ending on ____/____/____
Date if Known Date if Known

Applicant Emergency Contact: _____ () _____
Name Relationship Area Code + Phone Number

OFFICE USE ONLY BELOW THIS LINE

Applicant Continue to Page Two→

Access Type: ☐ Adult ☐ Juvenile ☐ Window Visit ☐ Annual Warrant Check ☐ Tour ☐ Visit ☐ Vendor/Trades

____ SEA/KING ____ Interstate Identification Index (III) ____ WACIC/NCIC ____ AOC ____ DOL Abstract ____ WA Courts

If **DENIED** provide SID/FBI# _____ and/or CASE/CAUSE#(s) _____
CASE/CAUSE#(s) _____

CIU Comments _____

☐ **CLEARED** ☐ **DENIED** CHRC Completed by _____ Date ____/____/____

DAJD Supervisor _____ Date ____/____/____ RECONSIDERATION _____ DATE ____/____/____

Applicant: Please answer the following questions completely and accurately. **Exclude** non-criminal traffic and parking violations.

Please note: An arrest or conviction will not necessarily result in denied access. Withholding information **will** result in denied access.

If you are completing this application for an annual warrant check, please disclose all past criminal history, even if it was previously disclosed on a prior application. If you answer "yes" to any of the following questions, please include a detailed explanation on a separate sheet of paper.

Have you ever:

| | | | |
|-----|---|-----|----|
| 1. | Been detained, cited, arrested, charged or convicted of <u>any</u> crime, or do you have any criminal charges currently pending against you? Include charge(s), case numbers, dates(s), and the investigating agencies for all past criminal history to include juvenile, adult, and military offenses, as well as any charges that may have been sealed, dismissed, stricken or expunged from your record. | Yes | No |
| 2. | Been found to have sexually assaulted or physically abused or exploited any child, vulnerable adult and/or developmentally disabled person by a: | Yes | No |
| | a) court of law in a dependency action relating to a dependency of a child, etc.? | Yes | No |
| | b) court of law in a domestic relations proceeding related to the abuse of children, adult or dependent person? | Yes | No |
| | c) professional disciplinary board and/or the Department of Licensing? | Yes | No |
| 3. | Been denied a license to care for children or adults, and/or had a license to care for children and/or vulnerable adults suspended or revoked, and/or had your name placed on a child, vulnerable adult or sex abuse registry in this county or any other country? | Yes | No |
| 4. | Are you now or have you <u>ever</u> been supervised by any court, Department of Corrections, or probation/parole office? Please include all federal, state, county, and/or city supervision. | Yes | No |
| 5. | Have you <u>ever</u> had a No-Contact, Protection, or Anti-Harassment Order served against you? | Yes | No |
| 6. | Do you currently use or have you used in the last seven (7) years, any illegal drugs/narcotics, including cocaine, opiates, heroin or hallucinogenic drugs as defined by R.C.W. 69.50.204 or 69.50.206 and/ <u>or</u> have you <u>ever</u> bought, sold or otherwise distributed any illegal drugs and/or controlled substances? | Yes | No |
| 7. | Have you used marijuana in the last three (3) years? | Yes | No |
| 8. | Do you now or have you <u>ever</u> had any personal relationship with a person, including relatives, who has been an inmate in any correctional institution or community corrections programs (probation, work release, CCAP, day reporting center, etc.)? Please list the relationship, institution and the person's full name. | Yes | No |
| 9. | Have you <u>ever</u> failed a previous background investigation or security clearance? | Yes | No |
| 10. | Have you <u>ever</u> engaged in any sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, school, community-based organization, youth summer camp, or any other institution? | Yes | No |

I hereby authorize DAJD to conduct a criminal history reference check.

- I understand it is my responsibility to contact DAJD Administration, prior to returning to the facility, if I am detained, cited, arrested, charged, or convicted of a crime, or involved with a No-Contact, Protection, or Anti-Harassment Order not previously disclosed.**
- I understand that all information obtained as a result of any and all phases of the DAJD background investigation process will be held strictly confidential, that the background investigation file is closed to me, and that I will not be provided a specific reason why I am disqualified from further consideration.**
- I understand that if involvement in criminal activity is suspected or discovered, information may be released to appropriate law enforcement agencies.**
- I certify that all of the answers and statements made on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misstatements of material facts or omissions may subject me to disqualification or denial.**

Print Applicant Name: _____

Signature of Applicant: _____ Date: _____



King County

Department of Adult and Juvenile Detention

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize you to furnish the King County Department of Adult and Juvenile Detention with any and all information that you may have concerning my work record, my reputation and my arrest history. Information of a confidential and privileged nature may be included. Your reply will be used to assist the department in determining my qualifications, suitability and fitness for interacting with inmates and detainees, including at-risk youth, and access to the King County Adult and Juvenile Detention secure facilities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and hereby waive those rights with the understanding that all information furnished will be used by the Department of Adult and Juvenile Detention for the purposes of ensuring client well-being and detention safety and security only, unless information provided reveals current criminal activity.

I hereby release you and your organization from any liability or damage that may result from furnishing the information requested.

This waiver and authorization is no longer valid immediately upon termination of my employment, position, or access to DAJD secure facilities, whichever comes first.

Note: A photocopy of this request shall be for all intents and purposes as valid as the original.

Signature

Print Full Name

Date